

# Skin and soft tissue tumor

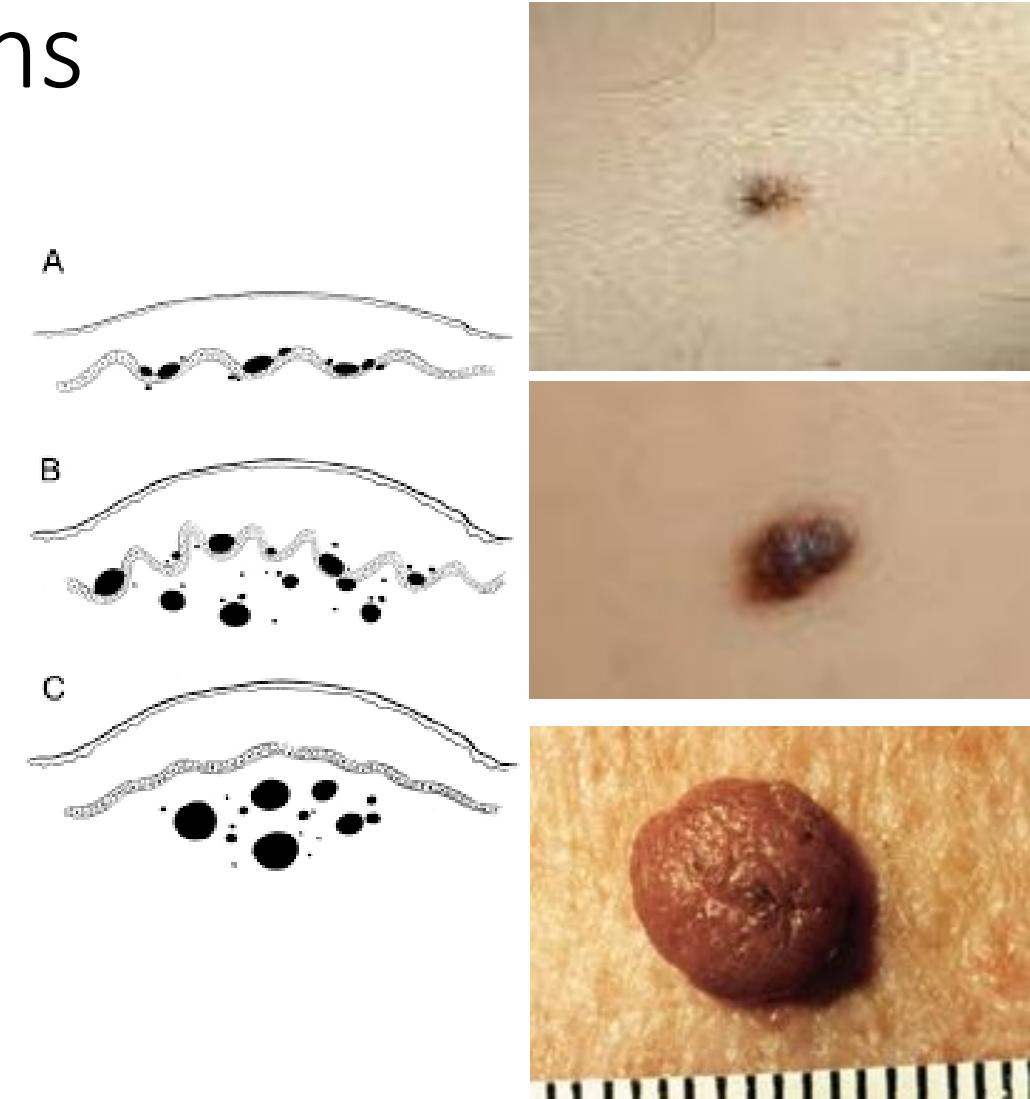
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# Skin lesions:

- Pigmented or non pigmented
- Benign or malignant

# Benign pigmented skin lesions

- **Nevi:**
  - MOST COMMON TUMORS
  - Increase number of melanocytes in an abnormal position producing normal or increase amount of melanin
  - Types:
    - Junctional Nevi: macule or papule, brown , smooth and hairless
    - Compound nevi: malignant potential
    - Intradermal nevi: well defined papule brown, hairy
  - Majority of nevi required no treatment, unless malignant transformation



# Halo nevus

- Melanocytic nevus encircled by a halo of depigmentation 2ry to invasion by lymphocytes
- Age: first 3 decade
- Site: trunk
- DD: MM



# Blue nevus

- Acquired , benign, firm, dark-blue sharply defined papule or nodule representing localized proliferation of melanin- producing dermal melanocyte
- Age: childhood- adolescence
- Types:
  - Common blue nevus: head or hand
  - Cellular blue nevus : buttock area



# Spitz nevus

- Benign, dome-shaped, hairless small nodule, pink or tan in colour
- Age: all
- Site: head and neck
- Pathology: hyperplasia of epidermis, melanocytes and dilation of capillaries



# Mongolian spot

- Congenital grey- blue macular lesion located in lumbosacral area presented at birth.
- Melanocyte present in dermis (ectopic) 2ry to interruption in their migration from neural crest to the epidermis
- Disappear in early childhood



# Nevus of ota

- Pigmentation mostly involves the skin and mucus membranes innervated by 1<sup>st</sup> and 2<sup>nd</sup> branch of trigeminal nerve.
- Mottled, dusky, admixture of blue and brown hyperpigmentation due to the present of ectopic melanocytes in the dermis
- Age: appear in early childhood or during puberty and remain for life.



# Dysplastic nevus syndrome

- Multiple atypical nevi ranging in number from 10-100
- Acquired circumscribed, pigmented lesions that due to proliferation of variably atypical melanocytes.
- Larger and more variable in color(brown, black ,and pink), asymmetric in outline, irregular border
- Site: trunk



# Congenital nevus

- Pigmented lesion of skin present at birth, can be any size and single or multiple
- Wide range of clinical features
  - Lesion >20cm usually flat. Pale brown and hairless
  - Distort the skin surface with or without coarse dark brown or black hair
  - Sharply demarcated or merging with surrounding skin
  - Regular or irregular contour
- Malignant transformation (12%)



# Malignant melanoma

- Malignant transformation of melanocytes
- Site: anywhere on the skin or on the retina.
  - trunk of male and extremity in female.
- Age: 35- 55, >65
- Can be arise in pre-existing naevi or de novo
- Signs of malignant changes:
  - Change in size, shape, or colour
  - Irregular border
  - Bleeding or ulceration
  - itching

# MM

- Classification:
  - Superficial spreading melanoma
    - Commonest
    - Male on the back , female legs
    - Good prognosis
    - Growth radial rather than vertical



- Nodular melanoma
  - Raised nodule often with ulceration
  - Growth is vertical
  - Poor prognosis
- Lentigo maligna melanoma
  - Occur in elderly
  - Good prognosis
- Acral lentiginous
  - Rare,
  - Sole, palm and nail.



# MM

- Melanoma spread either by local growth and infiltration, lymphatic spread, blood steam spread (liver, brain, lung)
- Staging
  - Breslow thickness < 0.75mm, 0,76-1.5mm, 1.51-4mm, >4mm
  - Clark's level
    - I epidermis
    - II papillary dermis
    - III junction of papillary dermis and reticular
    - IV extended to reticular dermis
    - V subcutaneous tissue
  - TNM

# Premalignant condition



- Solar Actinic keratosis:
  - Single or multiple, dry, rough adherent lesions occur in exposed skin
  - Age: middle age
  - More common in male
  - site: Face, ear, neck, hand and forearm
  - Clinically: adherent hyperkeratosis scale, which is difficult remove and tender, skin coloured, yellow-brown, redness tinge, rough like coarse sandpaper on palpation
  - Can change to SCC

# Premalignant condition

- Cutaneous horn
  - Horn like projection of keratin on a slightly raised base
  - Can be represent: hypertrophic solar keratosis or insitu or invasive SCC, seborrheic keratosis, warts, keratoacanthomas
  - Site: AK
  - Clinically: vary in size the horn may be white, black, or yellowish in colour



# Premalignant condition

- Leukoplakia
  - White adherent patch or plaque to mucosa that cannot rubbed off
  - High risk to develop SCC



# Premalignant condition

- Sebaceous nevus of jadson
  - Congenital
  - Site: scalp
  - Hairless , thin , elevated, orange color
  - Develop to BCC



# Squamous cell carcinoma (SCC):

- Malignant tumour of squamous cell, arising in the epidermis and stratified squamous mucosa
- Etiological factor:
  - Ultraviolet (UVC) radiation and human papillomavirus
  - Immunosuppression(organ transplant)
  - Chronic inflammation ( chronic ulcers, burn scars, radiation dermatitis)
- Age: elderly
- Male>female
- White skin and poor tanning



# SCC



- Isolated keratotic or eroded papule or plaque that persists for over a month
- Highly differentiated SCC (keratinization either within or on the surface , firm or hard upon palpation
- Poorly differentiated SCC (no keratinization , fleshy , granulomatous and soft upon palpation
- Isolated, or multiple in expose area, can be metastasized to regional lymph node

# Basal cell carcinoma (BCC)

- The most common type of skin cancer
- Locally invasive, aggressive, and destructive. But limited capacity to metastasize.
- Arises from epidermis that has capacity to develop hair follicles
- Age:>40
- Male>female
- Site: around the eye, nasolabial fold, behind the ear.

- Types:
  - Nodular
  - ulcerating
  - superficial: multiple, trunk erythematous, slightly scaly thin plaques
  - Pigmented: confusing with MM, hard
  - Sclerosing: infiltration type, whitish patch ill-defined borders
- Pathology: proliferating atypical basal cell



Thank you



